

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
DUE ON OR BEFORE 09/15/99: \$650 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P98000106770**

Corporation Name  
**ORTHO IMPLANTS, INC.**

Principal Place of Business

N.W. 45TH AVENUE  
DEAFL BEACH FL 33442  
c/o DAVID E. BUCK  
2900 E OAKLAND PARK BLVD #103  
FORT LAUDERDALE, FL 33306

Mailing Address

SAME  
223 N.W. 45TH AVENUE  
DEERFIELD BEACH FL 33442

Principal Place of Business

26 Suite, Apt. #, etc.

27 City & State

28 Zip County

25 29 Zip 30 Country

9. Name and Address of Current Registered Agent

DEPTULA, THOMAS J  
323 N.W. 45TH AVENUE c/o DAVID E. BUCK  
DEERFIELD BEACH FL 33442 2900 E Oakland Park  
Blvd #103  
Fort Lauderdale FL  
33306

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

10. Name and Address of New Registered Agent

Pursuant to the provisions of sections 607.002 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

GNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE 8/16/99

CR2E034 (5/99)

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

E	NAME	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E	DEPTULA, THOMAS J	c/o David E Buck	<input type="checkbox"/> Change <input type="checkbox"/> Addition
EET ADDRESS	323 N.W. 45TH AVENUE	2900 East Oakland Park Blvd #103	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP	DEERFIELD BEACH FL 33442	Fort Lauderdale FL 33306	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E		1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E		1.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E		1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E		2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E		2.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E		2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E		3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E		3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E		4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E		4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E		5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E		5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E		6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E		6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

8/16/99 (94)561-323

P98006106776  
611626-98009-28

Ortho Implants, Inc.  
c/o David E. Buck  
2900 East Oakland Park Boulevard, # 103  
Fort Lauderdale, FL 33306  
(954)561-3303

August 28, 1999

**Florida Department of State**  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Ortho Implants, Inc. (P98000106770) Annual Report

Dear Sir or Madam,

We have received a second notice from your office requesting that we file an annual report. We have no record of having received a first notice. Therefore, we have enclosed a check payable to the Department of State in the amount of \$158.75, representing the annual fee of \$150.00, and for the certificate of status fee of \$8.75. Please note the address change on the form.

Please accept our report and our payment as payment in full as we did not receive your first notice. Thank you for your consideration and cooperation in this matter. Thank you.

Very Truly Yours,

Thomas J. Deptula, President